

**REVOCATION OF POWER OF
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Application Number	10/727,908
Filing Date	11/30/2004
First Named Inventor	Bill J. Pope
Art Unit	3709
Examiner Name	Amanda H. Walker
Attorney Docket Number	3772.DIMC.CH

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27472

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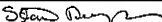
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

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Date 12/3/7 Telephone (801) 221-4591

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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